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Lori Allaire
Type or Print Name

Lori Allaire
Signature

Nov. 16th 2004
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

722
purpose
only

Appl. No. : 10/052,300
Applicant: : Alan Cuthbertson
Filed : January 18, 2002
TC/A.U. : 1654
Examiner: : Billy D. CHISM

Confirmation No. 8380

Docket No. : NIDN-10431
Customer No. : 36335

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of October 6, 2004, in connection with the captioned application, please consider the following amendments and remarks. Applicants are also submitting, concurrently herewith, a petition to extend the period of response one (1) month from November 6, 2004, up to and including December 6, 2004.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

FEE VALUE	
ACCOUNTABILITY	
DEPOSIT ACCOUNT NO.	
50	2665
FEE	VALUE
CODE	DESCRIPTION
1200	27000

15

Appl. No. 10/052,300
Amdt. Dated November 16, 2004
Reply to Office action of October 6, 2004

CONCLUSION

In view of the amendments and remarks herein, applicants believe that each ground for rejection or objection made in the instant application has been successfully overcome or obviated, and that all the pending claims are in condition for allowance. Withdrawal of the Examiner's rejections and objections, and allowance of the current application are respectfully requested.

The Examiner is invited to telephone the undersigned in order to resolve any issues that might arise and to promote the efficient examination of the current application.

Respectfully submitted,



Li Cai, 45,629
Attorney for Applicants

Amersham Health, Inc.
101 Carnegie Center
Princeton, NJ 08540
Tel: (609) 514-6418
Fax: (609) 514-6572

~~NOV 18 2004~~

NOV 18 2004

ion Of: Alan C
& TRADEMARK

Confirmation No.
8380

Invention: Process for the Deprotection of Protected Thiols

COMMISSIONER FOR PATENTS:

October 6, 2004
Date

The requested extension is as follows (check time period desired):

☒ One month ☐ Two months ☐ Three months ☐ Four months ☐ Five months

from: November 6, 2004
Date

until: December 6, 2004
Date

The fee for the extension of time is **\$110** and is to be paid as follows:

- ☐ A check in the amount of the fee is enclosed.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. **502-665**
- ☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. **502-665**
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



Dated: November 16, 2004

Li Cal
Reg. No. 45,629
Amersham Health, Inc.
101 Carnegie Center
Princeton, NJ 08540
(609) 514-6418

11/19/2004 RNEBRAFT 00000022 502665 10052300

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CC:

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

November 16, 2004

(Date)

Signature of Person Mailing Correspondence

Lori B. Allaire

Typed or Printed Name of Person Mailing Correspondence